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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 2880/351

First Inventor Tormala, et al.

Title JOINT PROSTHESIS

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16 ]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the invention  
- Brief Summary of the invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6 ]
5. Oath or Declaration [Total Pages ]  
a. ☐ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_ /

Prior application information: Examiner \_\_\_\_

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference.  
The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

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City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

John Hutchins

Registration No. (Attorney/Agent)

43,686

Signature



Date

November 20, 2001

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

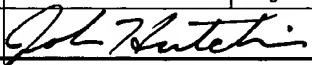
**TOTAL AMOUNT OF PAYMENT** (\$) 505

|                      |                 |
|----------------------|-----------------|
| Application Number   | Unassigned      |
| Filing Date          | Herewith        |
| First Named Inventor | Tormala, et al. |
| Examiner Name        | Unassigned      |
| Group / Art Unit     | Unassigned      |
| Attorney Docket No.  |                 |

| METHOD OF PAYMENT (check one)   |                       | FEE CALCULATION (continued)  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
|---|-----------------------|--|-----------------|--|-----------------------|-----------------------|-----------------|----------|-----|-----|-----|----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|------|-----|------|--|-----|--------|-----|--------|--|-----|-----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-------|-----|-------|--|-----|-----|-----|----|--|-----|-------|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|
| <b>1. <input checked="" type="checkbox"/></b> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: 11-0600<br><br>Deposit Account Name: Kenyon & Kenyon<br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                       | <b>3. ADDITIONAL FEES</b>  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>2. <input type="checkbox"/></b> Payment Enclosed:<br><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                       | <table border="1"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr><tr><td>119</td><td>740</td><td>279</td><td>370</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table> |                 | Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 |  | 127 | 50 | 227 | 25 |  | 139 | 130 | 139 | 130 |  | 147 | 2,520 | 147 | 2,520 |  | 112 | 920* | 112 | 920* |  | 113 | 1,840* | 113 | 1,840* |  | 115 | 110 | 215 | 55 |  | 116 | 400 | 216 | 200 |  | 117 | 920 | 217 | 460 |  | 118 | 1,440 | 218 | 720 |  | 128 | 1,960 | 228 | 980 |  | 119 | 320 | 219 | 160 |  | 120 | 320 | 220 | 160 |  | 121 | 280 | 221 | 140 |  | 138 | 1,510 | 138 | 1,510 |  | 140 | 110 | 240 | 55 |  | 141 | 1,280 | 241 | 640 |  | 142 | 1,280 | 242 | 640 |  | 143 | 460 | 243 | 230 |  | 144 | 620 | 244 | 310 |  | 122 | 130 | 122 | 130 |  | 123 | 50 | 123 | 50 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 740 | 246 | 370 |  | 149 | 740 | 249 | 370 |  | 119 | 740 | 279 | 370 |  | 169 | 900 | 169 | 900 |  |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee (\$)  | Fee Description | Fee Paid   |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 105   | 130                   | 205  | 65              |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 127   | 50                    | 227  | 25              |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 139   | 130                   | 139  | 130             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 147   | 2,520                 | 147  | 2,520           |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 112   | 920*                  | 112  | 920*            |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 113   | 1,840*                | 113  | 1,840*          |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 115   | 110                   | 215  | 55              |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 116   | 400                   | 216  | 200             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 117   | 920                   | 217  | 460             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 118   | 1,440                 | 218  | 720             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 128   | 1,960                 | 228  | 980             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119   | 320                   | 219  | 160             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 120   | 320                   | 220  | 160             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 121   | 280                   | 221  | 140             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 138   | 1,510                 | 138  | 1,510           |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 140   | 110                   | 240  | 55              |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 141   | 1,280                 | 241  | 640             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 142   | 1,280                 | 242  | 640             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 143   | 460                   | 243  | 230             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 144   | 620                   | 244  | 310             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 122   | 130                   | 122  | 130             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 123   | 50                    | 123  | 50              |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 126   | 180                   | 126  | 180             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 581   | 40                    | 581  | 40              |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 146   | 740                   | 246  | 370             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 149   | 740                   | 249  | 370             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119   | 740                   | 279  | 370             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 169   | 900                   | 169  | 900             |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>FEE CALCULATION</b>  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>1. BASIC FILING FEE</b>  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 101   | 740                   | 201  | 370             | Utility filing fee   | 370                   |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 106   | 330                   | 206  | 165             | Design filing fee  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 107   | 510                   | 207  | 255             | Plant filing fee   |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 108   | 740                   | 208  | 370             | Reissue filing fee   |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 114   | 160                   | 214  | 80              | Provisional filing fee                                     |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>SUBTOTAL (1)</b>   |                       |  |                 |  | <b>(\$ 370)</b>       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>2. EXTRA CLAIM FEES</b>  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Total Claims: 35 -20 ** = 15 X 9 = 135  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Independent Claims: 2 -3 ** = 0 X 42 = 0  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Multiple Dependent: X = 0   |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code  | Entity Fee (\$)       | Small Fee Code   | Entity Fee (\$) | Fee Description  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 103   | 18                    | 203  | 9               | Claims in excess of 20                                     |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 102   | 84                    | 202  | 42              | Independent claims in excess of 3                          |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 104   | 280                   | 204  | 140             | Multiple dependent claim, if not paid                      |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 109   | 84                    | 209  | 42              | ** Reissue independent claims over original patent         |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 110   | 18                    | 210  | 9               | ** Reissue claims in excess of 20 and over original patent |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>SUBTOTAL (2)</b>   |                       |  |                 |  | <b>(\$ 135)</b>       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| **or number previously paid, if greater; For Reissues, see above  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>Other fee (specify)</b>  |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| *Reduced by Basic Filing Fee Paid   |                       |  |                 |  |                       |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <b>SUBTOTAL (3)</b>   |                       |  |                 |  | <b>(\$ 0)</b>         |                       |                 |          |     |     |     |    |  |     |    |     |    |  |     |     |     |     |  |     |       |     |       |  |     |      |     |      |  |     |        |     |        |  |     |     |     |    |  |     |     |     |     |  |     |     |     |     |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |       |     |       |  |     |     |     |    |  |     |       |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |

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|-------------------|---|---------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | John Hutchins   | Registration No. Attorney/Agent | 43,686 | Telephone | 202/220-4200      |
| Signature         |  |                                 |        | Date      | November 20, 2001 |

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